

<b>FORM 4</b> <b>GENERAL</b>	 <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px;"> <b>OUTCOMING</b> </div>	<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, correct it and enter the correct data in the appropriate fill-in area below. Also, if any the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
<b>II. POLLUTANT CHARACTERISTICS</b> <b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.		<div style="text-align: center;"> <b>EPA Region 5 Records Ctr.</b>    <b>379716</b> </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>PLEASE PLACE LABEL IN THIS SPACE</b> </div>	

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1. **FULTON INDUSTRIES, INC.**

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2. <b>MACLEOD, RICHARD V.P.</b>	<b>419 335 3015</b>

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3. <b>135 E. LINFOOT</b>	<b>HAUSEON</b>	<b>OH</b>	<b>43567</b>

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5. <b>35 E. LINFOOT</b>	<b>FULTON</b>	<b>HAUSEON</b>	<b>OH</b>	<b>43567</b>	

VII. CODES (3-digit in order of priority)											
A. FIRST						B. SECOND					
7 3 6 5 (specify)						7 3 4 6 9 (specify)					
Auto stampings						Metal stampings					
C. THIRD											
7 3 6 4 8 (specify)						7 3 4 7 1 (specify)					
Lighting equipment						Plating and polishing					

VIII. OPERATOR INFORMATION											
A. NAME											
8 FULTON INDUSTRIES, INC.											
B. Is the name listed in Item VIII-A also the owner?											
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", specify.)												D. PHONE (area code & no.)											
FEDERAL M = PUBLIC (other than federal or state) P (specify)												A 4 1 9 3 3 5 3 0 1 5											
S = STATE O = OTHER (specify)																							
P = PRIVATE																							

E. STREET OR P.O. BOX											
13 E. LINFOOT											

F. CITY OR TOWN												G. STATE		H. ZIP CODE		IX. INDIAN LAND	
B WUSEON												OH		4 3 5 6 7		Is the facility located on Indian lands?	
																<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS											
A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
9 N						9 P					
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
9 U						(specify)					
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
9 R						(specify)					

XI. MAP											
<p>Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.</p>											

XII. NATURE OF BUSINESS (provide a brief description)											
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<p>Stamping and plating operation Assembly of flashlights</p>											
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XIII. CERTIFICATION (see instructions)											
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<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p>											
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A. NAME & OFFICIAL TITLE (type or print)						B. SIGNATURE			C. DATE SIGNED		
R. E. MacLeod Vice President - Operations											

COMMENTS FOR OFFICIAL USE ONLY											
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## 1. EPA I.D. NUMBER

CC - State - Permits Program

Section 3005 of RCRA.

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

NOTION DATE RECEIVED

VI. Final Remarks

**COMMENTS**

## FOR REVISED APPLICATION

**T APPLICATION** (place an "X" below and provide the appropriate date)

**EXISTING FACILITY** (See instructions for definition of "existing" facility.  
Complete item below.)

2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES  
PROVIDE THE DATE  
(yr., mo., & day) OPER-  
TION BEGAN OR IS  
EXPECTED TO BEGIN

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

SED APPLICATION (place an "X" below and complete Item I above)

**FACILITY HAS INTERIM STATUS**

2. FACILITY HAS A RCRA PERMIT

## PROCESSES -- CODES AND DESIGN CAPACITIES

A. **PROCESS CODES** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for listing codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then use the process (including its design capacity) in the space provided on the form (Item III-C).

**ESS DESIGN CAPACITY** — For each code entered in column A enter the capacity of the process.

AMOUNT — Enter the amount.

UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS		PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS		PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
CONTAINER (barrel, drum, etc.)		S01	GALLONS OR LITERS	TANK		T01	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE		S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT		T02	GALLONS PER DAY OR LITERS PER DAY
		S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT		S04	GALLONS OR LITERS			T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL		D79	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)			
WELL		D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER				
LAND APPLICATION		D81	ACRES OR HECTARES				
WASTE DISPOSAL		D82	GALLONS PER DAY OR LITERS PER DAY				
SURFACE IMPOUNDMENT		D83	GALLONS OR LITERS				

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS PER DAY	G	LITERS PER DAY	V	ACRE-FEET	A
TONS PER HOUR	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP												T/A		C																									
												12		14		18																							
B. PROCESS DESIGN CAPACITY												FOR OFFICIAL USE ONLY		LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY												FOR OFFICIAL USE ONLY											
1. AMOUNT (specify)						2. UNIT OF MEASURE (enter code)		1. AMOUNT								2. UNIT OF MEASURE (enter code)																							
18 - 26												27		28		29 - 32		10 - 18												19		27		28		29 - 32			
2												600		G				5																					
3												20		E				6																					
5												10,000		Y				7																					
																		8																					
																		9																					
																		10																					
27												28		29 - 32		10 - 18												19		27		28		29 - 32					

201 15 1980

**FOR OFFICIAL USE ONLY**

D U P

TYPE	C
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1

DUP

### RECEPTION OF DANGEROUS WASTES (continued)

[illegible]

from the front.

DESCRIPTION OF FACILITY (SEE INSTRUCTIONS FOR MORE DETAIL)  
THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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#### V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

#### VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

#### VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

41	33	37	84	08	35
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#### VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

#### IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

F. H. MacLeod  
Vice President - Operations

F. H. MacLeod

10/15/88

#### X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

F. H. MacLeod  
Vice President - Operations

F. H. MacLeod

10/15/88

485  
October 15, 1980

Mr. Y. J. Kim  
EPA Region V  
RCRA Activities  
P.O. Box 7861  
Chicago, IL 60680

Dear Mr. Kim:

Enclosed is our application for a storage facility. Even though we are temporarily storing the material, I understand that we should legally apply for the necessary license.

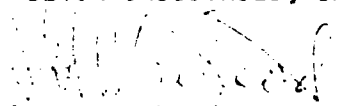
Our situation is as follows. We have built and are operating a water treatment plant for our plating operation. This plant treats the water such that the local Wauseon sewer system can accept it. In the treatment process, we develop a clay-like substance which consists of the materials we are precipitating from the water. For the last year and one-half we have been taking this material to the Fulton County Ohio landfill. This landfill was closed four months ago, and the new Fulton County landfill is not yet in operation. In this interim, we have been placing our sludge in the property that we own to the rear of our plant.

It is our intent when the new landfill opens up to remove this material to the landfill and continue our previous operation of periodically hauling our material to an approved disposition site.

I trust I have filled out the necessary paperwork properly. If you have any questions, please do not hesitate to call.

Sincerely,

FULTON INDUSTRIES, INC.

  
R. H. MacLeod  
Vice President - Operations

mam

Enclosure

OCT 15 1980

LINFORD STREET

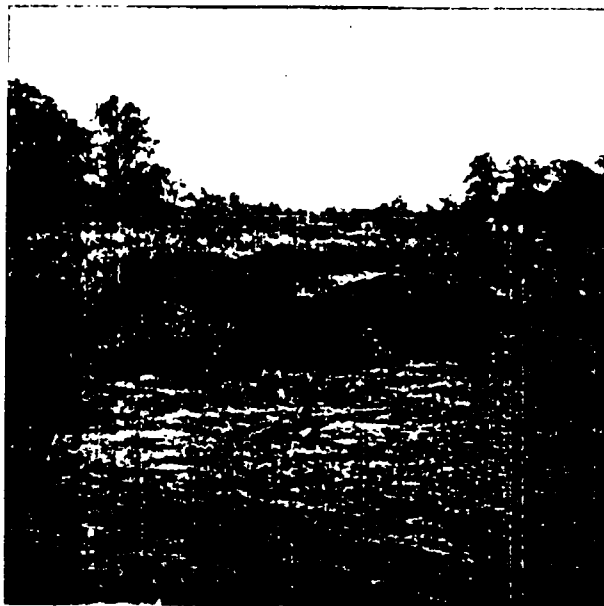
384 FT

512 ft

4.45 acres

APPROX  
75,000 sq ft  
1779

512 ft



TEMPORARY  
STORAGE  
AREA

WASTE  
TREATMENT  
PLANT

7.09 acres  
FENCED PROPERTY

442 ft

OCT 15 1980